



## INCIDENT REPORT

VENUE: **DONYINGS LEISURE CENTRE**

*Report to be sent by email or hard copy to welfare officer /Health & Safety officer ASAP*

**DATE OF INCIDENT:**

**DATE REPORT WRITTEN:**

**INJURED PERSON SURNAME :**

**FORENAME(S):**

**AGE /D.O.B:**

*(ADDRESS TO BE COMPLETED BY H&S OFFICER OR WELFARE OFFICER FOR HSE BOOK)*

**LOCATION WHERE INCIDENT OCCURRED:**

**WHAT WAS INJURED PERSON DOING AT TIME OF INCIDENT?**

**WHAT HAPPENED?**

**IMMEDIATE CAUSE OF INCIDENT, e.g. faulty equipment/action inaction of another party, etc.**

**DETAILS OF INJURIES:**

**ACTION TAKEN:**

**WITNESS DETAILS:**

**IMMEDIATE ACTION TAKEN TO PREVENT INCIDENT RE-OCCURRING:**

**REPORTED BY: *(PLEASE PRINT)* NAME:**

**POSITION:**

**SIGNATURE:**